

# **PRIVACY NOTICE**

## **City of Milwaukee Health Department**



**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE READ THIS DOCUMENT CAREFULLY. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.**

### **INTRODUCTION**

The City of Milwaukee Health Department (MHD) is required by Federal and State law to maintain the privacy of *protected health information*. *Protected health information* includes any personally identifiable information that we obtain from you or others that relates to your physical or mental health, the health care that you have received, or payment for your health care.

As required by Federal and State law, this notice provides you with information about your rights and our legal responsibilities and practices with the respect to the privacy of protected health information. This notice also discusses the uses and disclosures we will make of your protected health information. The MHD will comply with the provisions of the notice, although we reserve the right to change the terms of this notice from time to time and to make the revised notice effective for all protected health information we maintain. You can request a copy of this notice at any time from Ali Reed at (414) 286-3524, Privacy Contact for the Milwaukee Health Department, or on our website at [www.milwaukee.gov/health](http://www.milwaukee.gov/health).

This notice applies only to the City of Milwaukee Health Department and the programs that it administers.

### **PERMITTED USES AND DISCLOSURES**

The following categories describe different ways that we use and disclose medical information at the MHD. For each category of uses or disclosures we will explain the associated MHD policies. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose personally identifiable information will fall within one of the categories.

**Treatment:** We may use or disclose your medical information to a physician or other health care provider in order to provide treatment. For example, a doctor or nurse treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. Therefore, the doctor may review your medical records to assess whether you have potentially complicating conditions like diabetes. Another example could be that your health information is provided to another provider that you have been referred to for treatment.

**Payment:** We may use and disclose your medical information in order to receive payment for such services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

**Health Care Operations:** We may use and disclose your medical information in connection with our health care operations. These are the support functions of our health department related to treatment and payment, including quality assurance activities, case management, receiving and responding to patient complaints, staff reviews, compliance programs, audits, business planning, development, management, and administrative activities. For example, we may use your medical information to evaluate the performance of a nurse at a health center in caring for you. We may also combine medical information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective.

**On your Authorization:** If you provide us with written authorization to use or disclose your medical information for any purpose. You may revoke that authorization at any time; however, any medical information obtained for the purpose of the original disclosure will not be affected by the revocation. Unless we receive authorization we cannot use or disclose any of your medical information except for those reasons described in this notice. For instance, if you wish for MHD to disclose information to your employer regarding sick leave. You would sign an authorization allowing MHD to disclose information about your illness to your employer. Without this signed authorization, MHD will be unable to make such a disclosure to your employer.

## **OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR AUTHORIZATION OR OPPORTUNITY TO OBJECT:**

We may use or disclose your protected health information in the following situations without authorization. These situations include:

**Required By Law:** We may use or disclose your protected health information to the extent that law requires the use or disclosure. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. We are required by law to notify you of any such uses or disclosures.

**Public Health:** We may disclose your protected health information for public health activities and purposes to a public health authority (other than the local level) that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of reporting births and deaths, investigating the occurrence and cause of injury and disease, and monitoring adverse outcomes related to food, drugs, biological products, and dietary supplements. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority. Examples of these agencies include the State of Wisconsin Department Health and Family Services, the United States Health and Human Services, or any other local public health department.

**Health Oversight:** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

**Abuse or Neglect:** We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the government entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state law.

**Food and Drug Administration:** We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biological product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as possible.

**Legal Proceedings:** We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful purposes.

**Law Enforcement:** We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include:

- In response to a court order, subpoena, warrant, summons, or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement
- About a death we believe may be the result of criminal conduct
- About criminal conduct on our premises, and
- In emergency circumstances to report a crime; location of the crime or victims or the identity, description or location of the person who committed the crime.

**Coroners, Funeral Directors, and Organ Donations:** We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaver organ, eye or tissue donation purposes.

**Research:** We may disclose your protected health information to medical researchers when their research has been approved by an institutional review board (IRB) that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

**Worker's Compensation:** we may disclose your protected health information as to comply with workers' compensation laws and other similar legally established programs.

**Inmates:** We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

You have the following rights regarding protected health information the MHD maintains about you:

**Right to Inspect and Copy** – You have the right to inspect and copy any protected health information about you. This request may include your medical, billing or health care payment information. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits its access.

There are circumstances where MHD may deny access to your information. You may have a right to have this decision reviewed. Please contact our Privacy Officer if you have questions about the decision to deny access to your medical record.

**Right to Request Restrictions of Your Protected Health Information-** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit in the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or a friend. For example, you could ask that we not use or disclose information about a test you had done.

*We are not required to agree to your request.* If we do agree, we will comply with your request. If the MHD believes that it is in your best interest to permit use and disclosure of your protected health information, it will not be restricted. We will notify you, in writing, of the final disposition of your request. Please discuss any restriction you wish to request with your physician.

**Right to Request Confidential Communications-** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will accommodate all reasonable requests. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted.

**Right to Amend Your Protected Health Information-** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request this as long as we have the information at the health center. In certain cases, we may deny your request for an amendment. If we do, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

**Right to an Accounting of Disclosures we have made concerning your Protected Health Information-** You have the right to request an accounting of disclosures. This is a list of the disclosures we made of medical information about you except for treatment, payment, or health care operations as described in this notice of privacy practices. It excludes disclosures we have made to you, to family members or friends involved in your care, for national security or intelligence purposes as provided by law, to correctional institutions or law enforcement officials as provided by law, or for notification purposes. You have the right to receive a listing of these disclosures that occurred after April 14, 2003. You may request a full accounting of all disclosures or a specific time frame for disclosures. The right to receive this information is subject to certain exceptions, restrictions, and limitations.

**Right to Obtain a Paper Copy of this Notice From the MHD-** You have the right, upon request, to receive a paper copy of this notice at any time. You may obtain a copy of this notice at our website, [www.milwaukee.gov/health](http://www.milwaukee.gov/health). To obtain a paper copy of this notice, contact the MHD Privacy Officer.

## **CHANGES TO THIS NOTICE**

The MHD reserves the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. The MHD will post a copy of the current notice in each health center. This notice will contain on the first page, in the top right-hand corner, the effective date. The MHD is required to abide by the notice that is currently in effect. In addition, the first time you check-in at the health center for health care services we will offer you a copy of the current notice in effect.

## **COMPLAINTS**

If you believe that your privacy rights have been violated, you may file a complaint with the MHD by calling Ali Reed (414) 286-3524. We will not take action against you for filing a complaint. You may also file a complaint with the Secretary of the Department of Health and Human Services.

If you have any other questions or would like further information about this notice, please contact Ali Reed, Compliance Analyst at (414) 286-3524.

This notice was published and becomes effective on April 14, 2003.